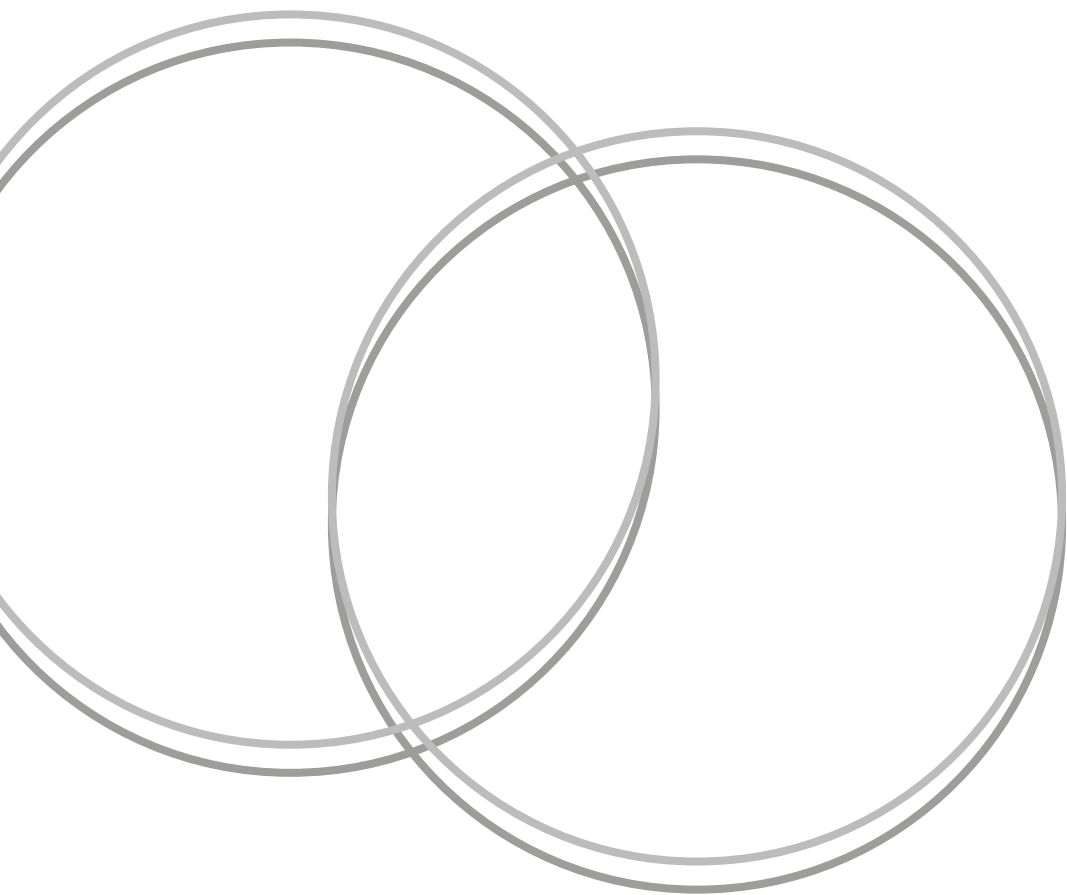


What is a cystoscopy?

Information for patients



Department of Urogynaecology

A cystoscopy is a medical procedure to examine the inside of the bladder, using an instrument called a cystoscope. This is a thin, fibre-optic tube with a light and a camera at one end. It is inserted into the urethra (the tube that carries urine out of the body) and then into the bladder.

There are two types of cystoscopy, flexible and rigid. Your doctor or specialist nurse will tell you which one is recommended for you.

Flexible cystoscopy

A flexible cystoscope is a thin, bendy tube with a camera on the end.

The procedure is carried out in the Diagnostic Suite (not in an operating theatre). You will be asked to remove your lower clothes and lie on your back. A sheet will be placed over you for modesty. A nurse will be with you to offer you support throughout the procedure.

The opening to your urethra (the pipe leading to your bladder), which is near the opening of your vagina, will be cleaned. A local anaesthetic gel will then be inserted directly into your urethra. No needles are required to do this. The local anaesthetic helps to prevent pain and the gel also contains an antiseptic, to reduce the risk of infection.

The cystoscope will then be gently inserted into your bladder. Sterile water will be slowly run into your bladder, so the doctor can see clearly through the camera at the end of the cystoscope.

The procedure usually takes 5-10 minutes. The cystoscope will then be removed and the doctor will talk to you about what has been seen in your bladder.

After this you will be given a drink, as we need you to make sure you have no problems passing urine before you go home. You will be able to drive yourself home after the procedure.

Rigid cystoscopy

A rigid cystoscope is used when small surgical instruments need to be used to remove a tissue sample or carry out a treatment in the bladder. A rigid cystoscope is a solid straight tube with a light at the end. The procedure will usually be carried out whilst you are unconscious under a general anaesthetic.

You will be admitted to the Day Surgery Ward if you are having this procedure and will need to come for a pre-operative assessment beforehand.

If you are having a rigid cystoscopy you will not be allowed to eat for 6 hours before the procedure. You may drink water up to 2 hours before.

You will be seen before the procedure by an anaesthetist, as you will be having a short general anaesthetic. The procedure will be carried out in the operating theatre and you will need to change into a theatre gown.

After the rigid cystoscopy, you will firstly go to Recovery and then you will return to the Day Surgery Ward. The doctor will then talk with you about the findings of the cystoscopy and whether you need any further treatment or follow-up appointments. The nurses on the ward will check your blood pressure, temperature, pulse and oxygen levels. They will also check if you are feeling dizzy or sick after the anaesthetic. If you are feeling unwell you will be offered medication to improve your symptoms.

You will be asked to arrive at the hospital on the morning of your procedure, normally around 7.30am, and will usually be ready to go home in the late afternoon. Before you leave, you will be given something to eat and drink. We will also need to check that you can pass urine before you go home. When you leave the hospital, you will need to have someone with you for the first 24 hours after your treatment, including overnight, in case any problems arise.

After the procedure

If you have had a general anaesthetic you must wait 48 hours before driving. If you have had a local anaesthetic only, you can return to driving when you feel comfortable enough to safely carry out an emergency stop.

You should feel well enough to return to work within 24-48 hours. If biopsies have been taken, these will be sent away to be tested and looked at under a microscope. This will take several days. You may be asked to come for an appointment to go through the results (the appointment details will be posted to you) or the doctor may write to you with the results.

Why are cystoscopies used?

A cystoscopy can be used to investigate a number of conditions:

- checking for abnormalities in the bladder wall
- removing a sample of tissue for testing (a biopsy)
- removing small bladder stones.

You may be having a cystoscopy because:

- you experience frequent water infections (bladder infections)
- there is blood in your urine
- unusual cells have been found in a urine sample
- you experience pain or difficulty when passing urine
- you have urinary incontinence.

What to expect after a flexible or rigid cystoscopy

After the cystoscopy you may notice some blood in your urine and may experience some burning or stinging when you pass urine. You may also need to pass urine more often than usual.

You should try to keep yourself hydrated by drinking water regularly for the next 48 hours. This will help to flush your system and reduce the risk of infection.

You may shower when you feel able, but avoid taking a bath until your bladder feels 'back to normal'.

You can return to sexual intercourse when you feel ready.

Is a cystoscopy painful?

Before having a flexible cystoscopy, your doctor will apply an anaesthetic gel to reduce any discomfort. During a rigid cystoscopy you will be unconscious under a general anaesthetic.

After having either procedure you may experience minor discomfort in your urethra and you may experience a burning sensation when passing urine and/or some blood in your urine. This should settle within a couple of days.

Risks and side effects

It is rare to experience serious complications after a cystoscopy, but if you still have bleeding and/or discomfort after 2 days you should visit your GP. This is especially important if you have a high temperature or if your urine starts to smell.

Your GP can check to see if you have developed a urinary tract infection. They will prescribe antibiotics if you need them.

How to contact us

Please telephone us if you have any concerns or questions, either before or after your cystoscopy.

Urogynaecology Nurse Specialists

Tel: 01865 222 767

(8.00am to 5.00pm, Monday to Friday)

Please leave an answerphone message with your telephone number and we will return your call by the end of the next working day.

Gynaecology Ward Nurses

Tel: 01865 222 001

01865 222 002

(24 hours)

Specific enquiries will be referred to the Urogynaecology Nurse Specialists.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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